

ARIZONA STATE DEPARTMENT OF HEALTH

should preferably be made

DIVISION OF VITAL STATISTICS

son who made the original) SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 217

Birth Hayden, Ariz. County Gila No. _____ St. _____
(Registration District)

LD*	Twin	{	and	{	Number in order of birth
-	Triplet or other?				

I HEREBY CERTIFY that the child described
herein has been named

BIRTH* Aug. 22. 1929
(Month) (Day) (Year)

Kenneth Shaw Strait
(Give name in full) (Surname)

FATHER

Harold L. Strait

MOTHER

Lucas M. Schauer

(Signature of Physician or Midwife)

ems to be entered by the local registrar before giving out this form.

Supplemental reports of birth may be obtained from the local registrar.

P.

223-822-229